


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90184 032 \*\*\*\*61.25

<b>DOCUMENT # N15463</b>			
1. Entity Name <b>HOSPICE OF OKEECHOBEE, INCORPORATED</b>			
Principal Place of Business <b>411 SE 4TH ST. P. O. BOX 1548-04073 OKEECHOBEE FL 34974</b>		Mailing Address <b>411 SE 4TH ST. P. O. BOX 1548-04073 OKEECHOBEE FL 34974</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>BULGER, DOROTHY 503 SE 8TH DRIVE OKEECHOBEE FL 34974</b>		7. Name and Address of New Registered Agent Name <b>MARIE CULBRETH</b> Street Address (P.O. Box Number is Not Acceptable) <b>3550 441 S</b> <del>Okeechobee, FL</del> City <b>Okeechobee</b> <b>FL</b> Zip Code <b>34974</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Marie Culbreth</i>		DATE	

**11010269**



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2831397** Applied For   
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD CULBRETH, MARIE PO BOX 848 3550 US 441 S OKEECHOBEE FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD SYFRETT, FRAN 16505 NW 20TH ST. OKEECHOBEE FL 34972</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD BULGER, DOROTHY 503 SE 8TH DRIVE OKEECHOBEE FL 34974</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD PAULSON, RANDY 2386 SE 27TH AVENUE OKEECHOBEE FL 34974</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LARSON, GRACE 1000 HWY 98 NORTH OKEECHOBEE FL 34972</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MD GREEN, RICHARD S 110 CHOBEE LOOP OKEECHOBEE FL 34974</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M. LISA BLACKMAN 4230 ROBERT LOOP RD STUART, FL 34997</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED* **4/22/03 (863) 467-2321**

CR2E037 (10/02)

Attachment  
N154103  
11010269

Hospice of Okeechobee, Inc.  
Board of Directors  
2003

Name of Director	Office Held
<b>Marie Culbreth</b> P. O. Box 848 Okeechobee, FL 34973	P/D
<b>Valerie White</b> 480 NE 13th Avenue Okeechobee, FL 34972-3167	V/D
<b>Vivian Pearce</b> 95 Lisa Lane, BHR Okeechobee, FL 34974	S/D
<b>Fran Syfrett</b> 16505 NW 220th St.(PO BOX 1287) Okeechobee, FL 34972	T/D
<b>Paul Buxton</b> 110 NE 5th Street Okeechobee, FL 34974	D
<b>Grace Larson</b> 10000 Hwy. 98 North Okeechobee, FL .34972	D
<b>Randy Paulson</b> 2386 SE 27th Avenue Okeechobee, FL 34974	D
<b>Dorothy Bulger</b> 503 SE 8th Drive Okeechobee, FL 34974	D
<b>Stella Cross</b> 1960 SE 9th Avenue Okeechobee, FL 34974	D
<b>Christan Varnadore</b> 2065 SW 22nd Circle North Okeechobee, FL 34972	D